

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

04/07/2020

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN):

953099419

* c. Organizational DUNS:

0259861590000

d. Address:

* Street1:

21865 Copley Dr.

Street2:

* City:

Diamond Bar

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91765-4178

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Nancy

Middle Name:

* Last Name:

Cole

Suffix:

Title:

Financial Analyst

Organizational Affiliation:

* Telephone Number:

909-396-2767

Fax Number:

* Email:

ncole@aqmd.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Special District

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.956

CFDA Title:

Targeted Air Sheds Grant Program

* 12. Funding Opportunity Number:

EPA-OAR-OAQPS-20-01

* Title:

2019 & 2020 Targeted Airshed Grant Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Deployment of 15 Fuel Cell and 2 Battery Electric New Flyer Zero-Emission Buses at SunLine Transit Agency in the Coachella Valley

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

CA37

* b. Program/Project

37

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

08/31/2020

* b. End Date:

06/30/2023

18. Estimated Funding (\$):

* a. Federal	20,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	2,911,620.00
* f. Program Income	0.00
* g. TOTAL	22,911,620.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

04/08/2020 .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Wayne

Middle Name:

* Last Name:

Nastri

Suffix:

* Title:

Executive Officer

* Telephone Number:

909-396-3131

Fax Number:

* Email:

wnastri@aqmd.gov

* Signature of Authorized Representative:

Nancy C Cole

* Date Signed:

04/07/2020